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Quarantine of oriental passengers on steamship Mongolia on account of case of smallpox on board at Yokohama.

May 7. I have this day placed in quarantine at this station 331 oriental passengers from the steamship *Mongolia*, this action having been taken to complete the incubation period for variola, a case of this disease having been removed from the steamship during her stay at Yokohama.

Report on Hawaiian fever—Disease not malarial in origin—Anopheles mosquitoes not found in Hawaii.

Passed Assistant Surgeon Cofer, directed by the Bureau, under date of February 15, 1907, to prepare a short article regarding the presence or absence of malaria in the Hawaiian Islands, reports, May 6, 1907, as follows:

I can state positively that malaria is never present in these islands unless imported in individual cases and that the *Anopheles* mosquitoes have not been found here. This is the unanimous opinion of all the physicians and entomologists in Hawaii to whom were sent circular letters with questions bearing upon the points involved.

Perhaps a disease termed locally "Hawaiian fever" has been the source of some differences of opinion in the past as to the presence here of malarial fever in endemic form. In order to collect data concerning Hawaiian fever I mailed circular letters to every physician in the islands, requesting information relative thereto.

Of the 40 or more physicians written to, 15 sent replies, 10 of whom described the fever as an entity, the remaining 5 reporting that they had not encountered the disease in practice.

Composite description of the disease.—Name: "Hawaiian fever." *Ætiology*: Probably the effect of heat, moisture, and decaying vegetation. *Pathology*: Unknown. *Symptoms*: Period of incubation unknown. Onset sudden, with malaise and chill, latter followed by fever of remittent type, the temperature running from 101° F. to 104° F. Enlarged spleen and engorged liver, with occasional jaundice. Headache, backache, and constipation. *Duration*: Average of three weeks.

Dr. George Herbert reports having seen several hundred cases of the disease, which he describes as follows:

"An erratic pyrexia—from 102° F. to 104° F. a. m., noon, and p. m. Prostration, with rise of temperature, patient feeling fairly well afterwards when temperature falls. The fever is of a continuous nature, with exacerbations. Chills, sweats, severe pains in trunk, back, and extremities; insomnia, and bowels inclined to be constipated. There are splenic tenderness and marked hepatic engorgement.

"Quinine is of no value. Salicylates are of use, especially salicylate of cinchonidia. Removal from the location, such as going to sea, relieves all the symptoms of the disease in less than twelve hours. I am of the opinion that it is a toxæmia, due to inhalation of malarial or paludal emanation, and therefore differs from the true malarial fever."

Dr. St. D. Gyulais Walters reports having seen several hundred cases, his description of the disease being as follows:

"Malaise, temperatures as high as 107°. Remittance, fairly regular recurrence, enlarged spleen, jaundice frequently, with torpid liver,

constipation, headache, backache, profuse diaphoresis; severe rigor at commencement of attack."

Dr. A. N. Sinclair states that he has treated several hundred cases of Hawaiian fever and has made blood examinations in over 150, and that he was never able to find anything resembling a plasmodium or any abnormal constituent.

The symptoms he observed were "an initiatory rigor, with elevation of temperature (from 101° to 103° F.). This is accompanied by headache and frequently, but not constantly, by vomiting and pain in the epigastrium. Constipation is always present, and upon percussion of the left side of the abdomen, over the descending colon, a dull note is elicited and the descending colon is often evident on palpation, distended with feces." He has never observed any periodicity in the recurrence of rigors, and rarely is there any typical "hot stage" followed by sweating. "The temperature is never intermittent, but runs a course similar to the nonmalarial remittent fever described by Manson.

"Cases that do not come under treatment early are much more severe than those that do. They are often complicated by persistent vomiting and headache. The latter is much more easily alleviated than the former. Quinine is absolutely worthless in the treatment of the disease.

"Protracted cases run a course of from two to three weeks, sometimes resembling mild cases of enteric fever, but the cases never presented the symptoms of enteric fever beyond the temperature curve. Widal's test was absent."

Doctor Sinclair states that he has never seen a fatal case of Hawaiian fever.

Dr. Frank E. Sawyer reports having treated about 50 cases of the disease. He believes the condition to be one of autointoxication, probably of intestinal origin.

Dr. W. D. Baldwin believes "Hawaiian fever" should be called mild typhoid or febricula.

Drs. A. G. Hodgins, W. L. Moore, E. C. Rhodes, and K. Haida reported the disease to be very similar to mild enteric fever without the rash, delirium, and bowel symptoms.

Doctor Haida has seen intestinal hemorrhages, but with absence of the Widal reaction. Doubtless the disease will be given careful study in the future and properly classified.

HONDURAS.

Reports from Puerto Cortez, fruit port—Stegomyia calopus present—Board of health appointed—Sanitary conditions at San Pedro good.

Acting Assistant Surgeon Ames reports as follows: Week ended May 11, 1907. Present officially estimated population about 2,200; general sanitary condition of this port and the surrounding country during the week, good. *Stegomyia calopus* present. The commanding officer of the Nicaraguan army stationed at Puerto Cortez has appointed a board of health, and has promised that all orders and recommendations of the board will be fully executed.